

Date of Crash **04/20/2026** Time of Crash **0710** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **809** Direction _____ Address # **WASHINGTON ST** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-163-AC**

License # _____ St. _____ DOB/Age _____ Reg # **696LA4** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2024** Veh Make **RAM** Veh Config. **2 21**
 Operator **COLBURN, RUTH C** Owner **COLBURN, RUTH C**
 Address **171 CARPENTER HILL RD** Address **171 CARPENTER HILL RD**
 City **CHARLTON** State **MA** Zip **01507-5227** City **CHARLTON** State **MA** Zip **01507-5227**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility | |
|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|------------------------|
| Operator | | See Above | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | NOT TRANSPORTED |
| | | | | | | | | | | | | |
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Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **2WXB22** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2019** Veh Make **FORD** Veh Config. **2 21**
 Operator **SMITH, JOHN J** Owner **SMITH, JOHN J**
 Address **136 DRESSER HILL RD** Address **136 DRESSER HILL RD**
 City **CHARLTON** State **MA** Zip **01507-5134** City **CHARLTON** State **MA** Zip **01507-5134**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 5 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **1 30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1 33**

| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility | |
|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|------------------------|
| Operator/Occupants | | See Above | X | X | 1 | 1 | 4 | 0 | 0 | 8 | 0 | NOT TRANSPORTED |
| | | | | | | | | | | | | |
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Date of Crash **04/20/2026** Time of Crash **0710** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 Landmark _____

Please Select One of the Following: Vehicle **3** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-163-AC**

License # _____ St. _____ DOB/Age _____ Reg # **W78121** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2018** Veh Make **FORD** Veh Config. **2 21**
 Operator **LAW, DAVID** Owner **MIRANDA, JORGE**
 Address **69 SCHOOLHOUSE RD APT 6** Address **902 ASH ST**
 City **CHARLTON** State **MA** Zip **01507** City **BROCKTON** State **MA** Zip **02301**
 Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility | |
|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|------------------------|
| Operator | | See Above | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 0 | NOT TRANSPORTED |
| | | | | | | | | | | | | |
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Please Select One of the Following: Vehicle **4** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Occupants | | See Above | X | X | 1 | | | | | | |
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